



## UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Koji HOSONA et al.

Serial No: 10/601,006

Confirmation No.: 5769

Filed: June 20, 2003

For: NON-VOLATILE SEMICONDUCTOR MEMORY  
DEVICE AND ELECTRIC DEVICE WITH THE SAME

Art Unit: 2818

Examiner: Auduong, Gene Nghia

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
October 27, 2004

Date of Deposit  
Joyce Hegeman  
Name  
Signature  
October 27, 2004  
Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items.

- ☒ Amendment  
☒ Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-20	20 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	6	-3	3 ***	3	LG=\$88 SM=\$44	\$ 264
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
TOTAL						\$ 264

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$264 to cover additional independent claims (3) and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: October 27, 2004

By:   
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Appl. No. 10/601,006  
Amdt. Dated October 27, 2004  
Reply to Office Action of July 27, 2004

Attorney Docket No. 89165.0011  
Customer No.: 26021

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Name

Signature

10/27/04

Date

AMENDMENT

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 27, 2004:

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

11/02/2004 JADD01 00000035 501314 10601006

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